



SECTION 1: ADMINISTRATIVE ENTITY CONTACT INFORMATION	
Assigned AE:	CONTACT NAME:
PHONE #:	EMAIL ADDRESS:

Assigned AE completes Section 1 of the form and emails it to the provider, using Attachment #1, and copies the ODP Lead Regional Office Provider Qualification contact(s).

SECTION 2: PROVIDER INFORMATION		
LEGAL ENTITY NAME:	EFFECTIVE TERMINATION DATE:	MPI #:
CONTACT NAME:	PHONE #:	EMAIL ADDRESS:
CAO/PRESIDENT (IF DIFFERENT FROM CONTACT NAME):	PHONE #:	EMAIL ADDRESS:
BUSINESS ADDRESS (CITY, STATE, ZIP CODE):		
<input type="checkbox"/> YES <input type="checkbox"/> NO 1. Is the provider currently rendering ODP waiver services?		
<input type="checkbox"/> YES <input type="checkbox"/> NO 2. Does the organization plan to continue waiver service provision with a different FEIN or MPI? For example, an agency is bought out by another agency or an agency changes from an LLC to an INC. If YES, enter the new MPI# and agency name. If not available, enter the FEIN: _____		
3. Provider is discontinuing waiver service provision for the following reasons:		
4. CEO's handwritten or electronic signature below indicates that the organization attests to the following:		
<ul style="list-style-type: none"> Notification of the effective termination date has been/will be provided to each participant, their SC, ODP, and each authorizing AE, in accordance with applicable regulations. The department, the department's designee, and the SC will be notified of any issues preventing transition of any participant to another provider by the effective termination date, at least seven calendar days in advance of the termination date. Claims can only be submitted for services provided up to the authorization end date. ODP will terminate the Provider Agreement for Participation in Pennsylvania's Consolidated, Community Living and/or Person/Family Directed (P/FDS) Waivers and will dis-enroll ODP waiver services from HCSIS and PROMISE™, including but not limited to end-dating of provider service offerings, service contracts, and services on plans, and marking waiver services as "Not Qualified." A provider may apply as an ODP waiver service provider at any time according to ODP's applicable regulations. 		
CEO Signature: _____		Date: _____

Provider emails completed form to ODP Lead Regional Office, all authorizing AEs, all SCOs of affected waiver participants, and the ODP Lead Regional Office Provider Qualification contact(s) cc'd on Attachment 1.

SECTION 3: ODP REGIONAL OFFICE INFORMATION		
ODP REGIONAL OFFICE:	CONTACT NAME:	
DATE FORM RECEIVED FROM PROVIDER:	EFFECTIVE SERVICE END-DATE:	DATE SERVICES MARKED "NOT QUALIFIED":

The ODP Lead Regional Office completes contact information in Section 3, determines the end-date, then emails the form to the Provider Agreement mailbox; ODP Provider Qualification Lead(s) of all regions with authorizing AEs; and, if a licensed service is involved, the Licensing Entity and applicable Waiver Capacity Manager(s).

After the services have been marked "Not Qualified," the ODP Lead Regional Office forwards the completed form to the Provider Agreement mailbox.